

for SAT exams. We know that traditionally, our students do not score well on standardized tests, but we can no longer use this as an excuse.

So, please take note and follow our lead.

*Darrell Pone, MD,
Region I*

Epiphany in the Doctor's Lounge

To the Editor,

One wrinkled, senior neurologist, fading a little each week, spent mornings sitting by the giant world map, offering eponyms to any attending, med student or chairperson who would listen. His favorites were: Waardenberg's white forelocks, Wilson's copper-colored irises, yellow tonsils of Tangier disease, plus ". . . little old ladies with Adie's."

Deciding that colors must be critical clues to catchy diagnoses, he began to subcategorize his friendliest Asian and Afro-American clinicians based upon blink frequency, tremors while pouring coffee, skull size, teeth shape, loquaciousness, speech volume, kyphosis, shoe size, nail shape, and family height, while momentarily excluding any contentious political affiliations—especially Republican.

On Aug. 1, 2001—after 2000 centuries, this moderately well-respected nerve person, with good name recognition, abruptly realized that skin color was not a very important detail, since he frequently could not recall who was what shade.

Only approximately 300 of our six billion nucleotides are concerned with skin color.¹

*E. Spudis, MD
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REFERENCE

1. Ross DW. *Introduction to Molecular Medicine*, 2nd Ed. 1996.

Albumin, Cancer & Pregnancy

To the Editor,

Several readers of my guest editorial, "Albumin Controls Cancer" (*JNMA* 2001; 93:490–493) have asked an important question regarding low albumin (20–30 g/L) and A/G ratios (<1.00) frequently encountered in the last trimester of pregnancy. If my findings are valid, namely that low albumin leads to cancer, then during the last part of pregnancy the incidence of cancer should be higher and more fatal compared to non-pregnant women.

The incidence of breast cancer in pregnant women under 40 years of age occurs in up to 11%¹ and is associated with a death rate

3.3 times higher. The overall risk of cancer during pregnancy is 2.5 times higher and strongly correlates inversely with the level of albumin and A/G ratios.

My studies, spanning 40 years, indicate that sub-clinical cancer, especially of the breast, cervix, and ovaries may occur in more than 60% of pregnant women when albumin remains between 20–25g/L, and spontaneous remission normally is achieved postpartum when albumin returns to >43g/L, A/G ratios 1.6.

In further support the pre-eclampsia of pregnancy often referred to as toxemia, with the classic triad of hypertension, proteinuria and edema, and a link to cancer, is obviously deeply associated with low albumin and A/G ratios. Medical practitioners continually overlook this important fact. The strong association between eclampsia seizures and low albumin also is fundamental, and leads to a new understanding of the central role that a generous concentration of albumin plays in stabilizing the central nervous system. Clearly, humans are designed to run on albumin of at least 48g/L, A/G ratio 2.0. Pre-eclampsia/eclampsia also is well known to be higher in lower socio economic groups.

Furthermore, the link

between low albumin and hypertension in pre-eclampsia points towards a better understanding of why hypertension is a problem in many African Americans who frequently have lower albumin and higher globulins.

A new dimension in pregnancy and fetal development can ensure if albumin profiles can be maintained >45 g/L at conception, falling to no less than 36g/L in the third trimester. This is clearly demonstrated in larger, more robust piglets and

puppies because albumin is the major growth factor.

Optimal albumin profiles during pregnancy can naturally be achieved by the daily triangle of hygiene, exercise and diet (HED), educated and encouraged by the medical care provider.

*Kenneth Seaton
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REFERENCE

1. Philip PA, Harris AL. Malignant diseases in pregnancy. *Oxford Textbook Med.* 3rd Ed. 1996, Oxford University Press, NY. P.1806-1808.

We Welcome Your Comments

Journal of the National Medical Association welcomes your Letters to the Editor about articles that appear in the *JNMA* or issues relevant to minority health care.

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